

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: TN
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: TN

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 3,493,503 (30%)

B.Children with special health care needs:

\$ 3,493,503 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,164,500 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 11,645,007

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 3,000,000

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 13,250,000

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 5,900,000

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 13,125,024

\$ 19,150,000

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 33,795,007

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 92,872

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Family Planning \$ 6,648,028

Newborn Hearing \$ 300,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 7,145,900

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 40,940,907

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: TN

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,349,717	\$ 10,888,584	\$ 11,855,000	\$ 14,682,820	\$ 11,855,578	\$ 9,502,319
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 9,000,000	\$ 0	\$ 7,500,000	\$ 0	\$ 7,500,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,250,000	\$ 13,300,000	\$ 13,250,000	\$ 13,325,000	\$ 13,300,000	\$ 13,250,000
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 5,000,000	\$ 5,128,306	\$ 6,682,000	\$ 5,371,883	\$ 5,128,300	\$ 5,800,931
7. Subtotal	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 28,553,250
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 8,642,989	\$ 9,545,574	\$ 8,250,000	\$ 7,742,714	\$ 8,177,027	\$ 7,122,906
9. Total <i>(Line11, Form 2)</i>	\$ 48,242,706	\$ 38,862,464	\$ 47,537,000	\$ 41,122,417	\$ 45,960,905	\$ 35,676,156
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: TN

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,658,473	\$ 8,967,477	\$ 11,645,007	\$	\$ 11,645,007	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 5,000,000	\$ 0	\$ 3,500,000	\$	\$ 3,000,000	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,325,000	\$ 13,300,000	\$ 13,250,000	\$	\$ 13,250,000	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 5,371,900	\$ 5,884,387	\$ 5,800,900	\$	\$ 5,900,000	\$
7. Subtotal	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 0	\$ 33,795,007	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 6,557,014	\$ 7,024,247	\$ 7,872,484	\$	\$ 7,145,900	\$
9. Total <i>(Line11, Form 2)</i>	\$ 41,912,387	\$ 35,176,111	\$ 42,068,391	\$ 0	\$ 40,940,907	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2009
Field Note:
The expended is based on true expenditures.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2009
Field Note:
The difference in expended amount will be used prior to the grant deadline.
4. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
5. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
6. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: TN

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,534,382	\$ 938,140	\$ 864,314	\$ 1,134,910	\$ 1,209,084	\$ 856,598
b. Infants < 1 year old	\$ 5,623,160	\$ 3,254,175	\$ 4,360,857	\$ 3,805,286	\$ 4,194,011	\$ 3,397,837
c. Children 1 to 22 years old	\$ 13,345,105	\$ 8,868,109	\$ 18,582,751	\$ 12,327,096	\$ 11,320,907	\$ 11,784,055
d. Children with Special Healthcare Needs	\$ 6,929,950	\$ 6,395,177	\$ 6,560,929	\$ 4,729,932	\$ 8,236,885	\$ 3,144,199
e. Others	\$ 9,781,130	\$ 9,029,602	\$ 7,503,817	\$ 10,280,949	\$ 11,637,434	\$ 8,651,635
f. Administration	\$ 1,385,990	\$ 831,687	\$ 1,414,332	\$ 1,101,530	\$ 1,185,557	\$ 718,926
g. SUBTOTAL	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 28,553,250
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 94,644	
c. CISS	\$ 0		\$ 100,000		\$ 100,000	
d. Abstinence Education	\$ 993,367		\$ 993,000		\$ 993,368	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CHAD	\$ 717,336		\$ 717,000		\$ 717,336	
Family Planning	\$ 5,979,357		\$ 0		\$ 6,121,679	
Newborn Hearing	\$ 0		\$ 0		\$ 150,000	
New Born Hearing	\$ 0		\$ 150,000		\$ 0	
Title X F. P.	\$ 0		\$ 6,190,000		\$ 0	
CISS-SECCS	\$ 100,000		\$ 0		\$ 0	
Hearing Screening	\$ 150,000		\$ 0		\$ 0	
Lead	\$ 602,929		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,642,989		\$ 8,250,000		\$ 8,177,027	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: TN

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,202,083	\$ 557,125	\$ 1,025,877	\$	\$ 668,803	\$
b. Infants < 1 year old	\$ 4,030,513	\$ 3,233,523	\$ 4,069,313	\$	\$ 3,881,695	\$
c. Children 1 to 22 years old	\$ 13,047,012	\$ 11,964,732	\$ 13,813,306	\$	\$ 13,848,481	\$
d. Children with Special Healthcare Needs	\$ 5,020,463	\$ 3,048,058	\$ 3,761,550	\$	\$ 3,493,503	\$
e. Others	\$ 10,889,455	\$ 8,944,973	\$ 10,361,360	\$	\$ 10,738,025	\$
f. Administration	\$ 1,165,847	\$ 403,453	\$ 1,164,501	\$	\$ 1,164,500	\$
g. SUBTOTAL	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 0	\$ 33,795,007	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 93,763		\$ 93,763		\$ 92,872	
c. CISS	\$ 100,000		\$ 100,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 993,844		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Family Planning	\$ 6,213,251		\$ 6,534,877		\$ 6,648,028	
Newborn Hearing	\$ 150,000		\$ 150,000		\$ 300,000	
III. SUBTOTAL	\$ 6,557,014		\$ 7,872,484		\$ 7,145,900	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old

- Column Name:** Budgeted
Year: 2009
Field Note:
Amount is estimated.
13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
14. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
15. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
16. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
17. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
18. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
19. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
20. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
21. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
22. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
23. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
24. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others

Column Name: Expended

Year: 2008

Field Note:

Expended amount is true expenditures.

25. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2010

Field Note:

Budget amount is estimated.

26. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2009

Field Note:

Amount is estimated.

27. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2008

Field Note:

Budget amount is estimated.

28. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2009

Field Note:

Expended amount is true expenditures

29. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

Expended amount is true expenditures.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: TN

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 28,670,195	\$ 21,225,428	\$ 28,443,788	\$ 24,166,905	\$ 27,355,528	\$ 21,700,470
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,593,567	\$ 3,400,759	\$ 4,557,292	\$ 3,872,046	\$ 4,382,930	\$ 3,609,131
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,326,376	\$ 2,462,619	\$ 3,300,108	\$ 2,803,895	\$ 3,173,846	\$ 1,324,871
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,009,579	\$ 2,228,084	\$ 2,985,812	\$ 2,536,857	\$ 2,871,574	\$ 1,918,778
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 28,553,250

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: TN

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 25,597,290	\$ 17,476,677	\$ 25,988,889	\$	\$ 20,979,940	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,101,224	\$ 6,536,863	\$ 4,322,363	\$	\$ 7,847,201	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,969,851	\$ 2,801,110	\$ 1,586,690	\$	\$ 3,362,603	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,687,008	\$ 1,337,214	\$ 2,297,965	\$	\$ 1,605,263	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 0	\$ 33,795,007	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
3. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
4. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
5. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
6. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
7. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
8. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
Budgeted amount is estimated.
9. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
10. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
11. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
12. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services

Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.

13. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
14. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
15. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
16. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
17. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
18. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
Expended amount is true expenditures.
19. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: TN						
Total Births by Occurrence: <u>90,885</u>				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism	90,885	100	341	64	64	100
Galactosemia	90,885	100	165	28	28	100
Sickle Cell Disease						
Other Screening (Specify)						
Biotinidase Deficiency	90,885	100	11	3	3	100
Cystic Fibrosis	68,724	75.6	189	12	12	100
Hemoglobinopathies	90,885	100	84	73	73	100
Congenital Adrenol Hyperplasia	90,885	100	909	9	9	100
AminoAcids	90,885	100	218	5	5	100
Fatty / Organic Acidimias	90,885	100	179	11	11	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Began screening for CF 4-1-08

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2011
Field Note:
Began screening for Cystic Fibrosis on April 1, 2008.
Data source: 2008 Tennessee Newborn Screening database
2. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2011
Field Note:
Began screening for Cystic Fibrosis on April 1, 2008.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: TN

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	9,808	28.1	0.1	0.1	70.9	0.3
Infants < 1 year old	82,078	69.7	0.0	0.2	59.6	0.1
Children 1 to 22 years old	264,056	40.4	0.0	0.8	58.7	0.1
Children with Special Healthcare Needs	7,275	20.9	0.0	1.2	77.9	0.0
Others	157,433	16.7	0.5	1.5	81.3	0.0
TOTAL	520,650					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Number of infants served under Title V includes all infants born in Tennessee, including non Tennessee residents.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: TN

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	82,800	59,442	16,790	205	476	41	0	5,846
Title V Served	82,800	59,442	16,790	205	476	41	0	5,846
Eligible for Title XIX	57,183	41,413	11,697	142	331	28	0	3,572
INFANTS								
Total Infants in State	80,512	60,681	17,914	201	466	40	0	1,210
Title V Served	80,512	60,681	17,914	201	466	40	0	1,210
Eligible for Title XIX	56,092	42,276	12,480	140	325	28	0	843

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	75,783	6,295						
Title V Served	75,783	6,295						
Eligible for Title XIX	52,798	4,385						
INFANTS								
Total Infants in State	76,441	4,071						
Title V Served	76,441	4,071						
Eligible for Title XIX	53,256	2,836						

FORM NOTES FOR FORM 8

Data Sources: TDOC Division of Health Statistics Birth Statistics System, Population Projections, PTBMIS MCH Population Data and TennCare/Medicaid Data.

The Data for Forms 7 and 8 are based on 2009 data. The data for Form 6 is based on 2008 data. Tennessee experienced a slight decrease in total births from 2008 to 2009.

FIELD LEVEL NOTES

1. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2011

Field Note:

Data Source: TDOH Division of Health Statistics Birth Statistic System, PTBMIS MCH Population Data, and TennCare/Medicaid Data

The data for form 8 Table I. Column A is more than 10% different than Form 6 Total Births by Occurrence because the data is for two different years, there was a decrease in total births from 2008 to 2009, and the total occurrences include all births in the state that received newborn screening and Table 8 total deliveries is data from the Birth Statistics Data.

2. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_White

Row Name: Total Deliveries in State

Column Name: White

Year: 2011

Field Note:

Notes Test

3. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2011

Field Note:

Data Source: TDOH Division of Health Statistics Birth Statistic System, PTBMIS MCH Population Data, and TennCare/Medicaid Data

The data for form 8 Table I. Column A is more than 10% different than Form 6 Total Births by Occurrence because the data is for two different years, there was a decrease in total births from 2008 to 2009, and the total occurrences include all births in the state that received newborn screening and Table 8 total deliveries is data from the Birth Statistics Data.

4. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalNotHispanic

Row Name: Total Deliveries in State

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

5. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalHispanic

Row Name: Total Deliveries in State

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

6. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub-categories

7. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

8. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub-categories

Number eligible for Title XIX is based on actual Department of Health served under this title.

9. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

10. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalNotHispanic

Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Data not available by sub-category

11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

12. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub-category

13. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

14. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub-category

15. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data not available by sub categories

Data Source: TDOH Division of Health Statistics Population Projections, and TennCare/Medicaid Data

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: TN

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____0	_____0	_____0	_____0	_____0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: TN

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 428-2229</u>	<u>(800) 428-2229</u>	<u>(800) 428-2229</u>	<u>(800) 428-2229</u>	<u>(800) 428-2229</u>
2. State MCH Toll-Free "Hotline" Name	TN Baby Line	TN Baby Line	TN Baby Line	TN Baby Line	Tn Baby Line
3. Name of Contact Person for State MCH "Hotline"	<u>Deana Vaughn</u>	<u>Deana Vaughn</u>	<u>Deana vaughn</u>	<u>Deana Vaughn</u>	<u>Deana Vaughn</u>
4. Contact Person's Telephone Number	<u>(615) 741-0307</u>	<u>(615) 741-0370</u>	<u>(615) 741-0370</u>	<u>(615) 741-0370</u>	<u>(615) 741-0370</u>
5. Contact Person's Email	<u>Deana.Vaughn@tn.org</u>	<u>Deana.Vaughn@tn.gov</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>34</u>	<u>22</u>	<u>18</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: TN

1. State MCH Administration:
(max 2500 characters)

Maternal and Child Health, within the Bureau of Health Services in the Tennessee Department of Health, consists of two sections. (1) Child and Adolescent Health - SIDS, Early Childhood Comprehensive Systems, Child Fatality Review, Fetal-Infant Mortality Review, Child Care Resource and Referral Centers, Childhood Lead Poisoning Prevention, services for CSHCN (called Children's Special Services and includes medical and other health needs and care coordination/case management). (2) The Women's Health/Genetics section includes comprehensive family planning services, prenatal care, adolescent pregnancy prevention, perinatal regionalization, women's health, newborn screening follow-up, newborn hearing screening follow-up, and the network of the genetics and sickle cell centers.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,645,007
3. Unobligated balance (Line 2, Form 2)	\$ 3,000,000
4. State Funds (Line 3, Form 2)	\$ 13,250,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 5,900,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 33,795,007

9. Most significant providers receiving MCH funds:

Rural and Metro Health Departments

Genetics and Sickle Cell Centers

Community Based Agencies

Teaching Hospitals

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	9,808
b. Infants < 1 year old	82,078
c. Children 1 to 22 years old	264,056
d. CSHCN	7,275
e. Others	157,433

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct services, provided statewide through health department clinics and nonprofit agencies, include pregnancy testing, family planning, nutrition services, immunizations and well child visits, EPSDT screening, follow-up and referral. All EPSDT screenings for children in state custody are done in health department clinics. Enabling services concentrate on access to care, care coordination, home visiting services, and newborn screening follow-up. In selected areas, prenatal care and primary care are available. The care coordination component of CSS provides special support and enables families to better meet their child's needs in a complex health care environment. Statewide home visiting services provide intensive services for pregnant women and families of infants and toddlers that emphasize education, parent support, infant stimulation, assessment and referral to assure that children are healthy, free from child abuse and ready for school. The HUGS home visiting program provides assistance with health care, social and educational needs. EPSDT efforts include the statewide community outreach initiative and Call Center.

b. Population-Based Services:
(max 2500 characters)

Child Fatality Teams in 31 judicial districts review all deaths of children under age 18 and make reports of recommendations for prevention efforts. The state child fatality review team reviews reports from the local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to the Governor and General Assembly to promote the safety and well being of children. The Childhood Lead Poisoning Prevention Program works to identify children with elevated blood lead levels and to educate citizens and health care providers, with the goal of preventing childhood lead poisoning. The Newborn Screening Program has a strong network of tertiary level providers for referral of abnormal results. Hearing screening in infants prior to hospital discharge is mandated by state statute. PRAMS is in year three of data collection with the year two report having just been released. Fetal-Infant Mortality Review teams are operational in three metro counties and one rural region.

c. Infrastructure Building Services:
(max 2500 characters)

Regional and County Health Councils operate in all 95 counties to assess needs and gaps, develop plans, seek resources, and implement strategies for action. Many of the targeted activities are for the MCH populations. The Tennessee Birth Defects Registry originated as a legislative requirement for the Tennessee Department of Health to maintain an ongoing statewide program for monitoring birth defects. The Department's Immunization Registry combines data from both the public and private sectors in an electronic format. The system permits primary care providers (PCP) to access care specific information to assure that an infant or child's immunization are up to date. Tennessee has a statewide network of Child Care Resources and Referral Centers each of which has a child care health consultant. The centers provide technical assistance, training, consultation, and resources to child care providers to improve the health and safety of child care.

12. The primary Title V Program contact person:

Name	Cathy Taylor, DrPH, MSN, RN
Title	Assistant Commissioner /Interim MCH Director

13. The children with special health care needs (CSHCN) contact person:

Name	Jacqueline Johnson, MPA, BS
Title	Children's Special Services Program Director

Address 425 5th Avenue North, 4th Floor Cordell Hull Building
City Nashville
State TN
Zip 37243
Phone 615 253-3407
Fax 615 532-2286
Email cathy.taylor@tn.gov
Web

Address 425 5th Avenue North, 4th Floor Cordell Hull Building
City Nashville
State TN
Zip 37243
Phone 615 741-0361
Fax 615 741-1063
Email jacqueline.johnson@tn.gov
Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	176	180	164	205	153
Denominator	176	180	164	205	153
Data Source				Tennessee Newborn Screening Data system	Tennessee Newborn Screening Data system
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Data source is the state of Tennessee New Born Screening data system.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is the state of Tennessee Newborn Screening data system.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the state of Tennessee New Born Screening data system.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>70</u>	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>
Annual Indicator	<u>59.3</u>	<u>60.0</u>	<u>60.7</u>	<u>60.7</u>	<u>60.7</u>
Numerator	<u>3,703</u>	<u>3,807</u>	<u>3,381</u>	<u>3,522</u>	<u>4,415</u>
Denominator	<u>6,244</u>	<u>6,349</u>	<u>5,570</u>	<u>5,802</u>	<u>7,275</u>
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	63	64	65	65
Annual Indicator	60.0	60.7	52.7	52.7	52.7
Numerator	3,746	3,857	2,935	3,058	3,833
Denominator	6,244	6,349	5,570	5,802	7,275
Data Source				CSHCN Survey	CSHCN Survey
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>75</u>	<u>64</u>	<u>64</u>	<u>69</u>	<u>69</u>
Annual Indicator	<u>62.0</u>	<u>61.4</u>	<u>67.7</u>	<u>67.7</u>	<u>67.7</u>
Numerator	<u>3,871</u>	<u>3,897</u>	<u>3,771</u>	<u>3,928</u>	<u>4,925</u>
Denominator	<u>6,244</u>	<u>6,349</u>	<u>5,570</u>	<u>5,802</u>	<u>7,275</u>
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>69</u>	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2009
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2008
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2007
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	82	82	93	93
Annual Indicator	80.0	80.8	91.8	91.8	91.8
Numerator	4,995	5,128	5,113	5,326	6,678
Denominator	6,244	6,349	5,570	5,802	7,275
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	93	93	93	93	93
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>50</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1,561</u>	<u>1,561</u>	<u>1,534</u>	<u>1,245</u>	<u>1,694</u>
Denominator	<u>1,561</u>	<u>1,561</u>	<u>1,534</u>	<u>1,245</u>	<u>1,694</u>
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Data source is the National CSHCN Survey.

- Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the National CSHCN Survey.

- Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>95</u>	<u>81</u>	<u>83</u>	<u>88</u>	<u>88</u>
Annual Indicator	<u>79.1</u>	<u>86.7</u>	<u>86.7</u>	<u>83.0</u>	<u>83.0</u>
Numerator	<u>90,761</u>	<u>1,300</u>	<u>1,300</u>	<u>278</u>	<u>278</u>
Denominator	<u>114,731</u>	<u>1,500</u>	<u>1,500</u>	<u>335</u>	<u>335</u>
Data Source				NIS Survey	NIS Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 NIS. Sample size (completing household interviews and with adequate provider data = 335) for Tennessee is small, confidence intervals are wide.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2006 and the CDC Immunization survey and is based on survey sample size for this performance measure.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	23	27	26.5	26.5	26
Annual Indicator	27.5	28.6	27.8	27.3	24.0
Numerator	3,229	3,392	3,361	3,328	2,953
Denominator	117,523	118,599	120,852	122,020	123,216
Data Source				TDH Hlth. Stats. Pop. Proj. & Birth Stat. Syst.	TDH Hlth. Stats. Pop. Proj. & Birth Stat. Syst.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	24	24	24	24	24
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data from Tennessee Department of Health Division of Health Statistics Population Projections and Birth Statistical System

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Data from TDH Division of Health Statistics Population Projections and Birth Statistical System

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Birth Master file for this performance measure.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	25	23	23	24	40
Annual Indicator	21.9	22.3	21.8	37.2	37.2
Numerator	71,961	75,789	3,769	366	366
Denominator	329,279	339,485	17,256	983	983
Data Source				Tennessee Oral Health Survey	Tennessee Oral Health Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 Tennessee Oral Health Survey of children ages 5 - 11 years.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Thses data are from the Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	2.5	2.5	2
Annual Indicator	4.0	5.4	3.9	3.4	2.2
Numerator	48	65	47	41	27
Denominator	1,204,737	1,210,629	1,194,718	1,201,009	1,207,621
Data Source				TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys	TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Data source: TDH Division of Health Statistics Population Projections and Death Statistical System

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Death Master file for this performance measure.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		32	34	36
Annual Indicator	29.3	28.0	31.4	37.9
Numerator	440	420	14,705	31,952
Denominator	1,500	1,500	46,777	84,308
Data Source				CDC/National immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	40	45	50	50
Annual Indicator				
Numerator				
Denominator				

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data source:

National Immunization Survey. Per the CDC NIS, the data from the NIS are provisional for the 2006 birth cohort used in this survey until final estimates are available August 2010. (We have marked "final" for the purpose of this report)

Tennessee live births 2006: TDH Office of Policy, Planning, and Assessment, Division of Health Statistics

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the CDC Nutrition Surveillance file for this performance measure.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective	98	98	98	98
Annual Indicator	97.0	88.9	91.1	94.2
Numerator	79,010	80,173	83,570	85,613
Denominator	81,454	90,155	91,754	90,885
Data Source				TN Newborn Screening Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	98	98	99	99
Annual Indicator				
Numerator				
Denominator				

Field Level Notes

1. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 newborn screening database and data includes births that are Tennessee residents and non Tennessee Residents.

2. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the 2007 newborn screening database and data includes births that are Tennessee residents and non residents.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	7	6	6	6	6
Annual Indicator	6.4	6.4	6.4	4.9	3.7
Numerator	97,933	97,933	88,283	72,258	54,759
Denominator	1,530,196	1,530,196	1,386,911	1,474,653	1,479,972

Data Source

UT CBER

UT CBER

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: University of Tennessee Center for Business and Economic Research "The Impact of Tenn Care: A Survey of Recipients 2009. August, 2009

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the University of Tennessee Center for Business and Economic Research "The Impact of TennCare: A Survey of Recipients August, 2009

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is National Survey of Children's Health.

93.6 % of children had health insurance according to the survey (WWW.nschdata.org)

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		9	9	30
Annual Indicator	10.3	24.2	34.0	28.7
Numerator	20,474	22,265	53,971	19,807
Denominator	197,847	92,164	158,733	69,015
Data Source				TN. State WIC Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	25	25	25	22
Annual Indicator				
Numerator				
Denominator				

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

The numbers used in last year's 2008 report were for only a 6 month period due to CDC having problems with changes in their analytical program. The correct values were recently made available and are corrected here as final.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the State WIC database and is the calendar year data. Variation is due to calendar year data, decrease in the the total number of children within the age group of 2-5 years receiving WIC. Data categories may include children under the age of 2 years to 5 years.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		9.7	9	7.5	13
Annual Indicator	16.2	15.8	19.4	15.4	15.3
Numerator	13,158	13,288	16,774	13,138	12,525
Denominator	81,454	84,277	86,558	85,480	82,078
Data Source				TN Birth Statistical System	TN Birth Statistical System
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5, explain the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	13	13	13	13	12
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source: 2008 Tennessee Department of Health, Health Statistics Birth Statistical system.

Note:

The 2007 data from last reporting period was never corrected as final.

The recorded 2007 data on the form is actually provisional. (unable to correct on the form now).

The actual 2007 final is 14059/86661 = 16.2

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State vital records

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	5.2	5
Annual Indicator	7.5	8.7	6.9	5.6	7.4
Numerator	31	36	29	24	32
Denominator	411,299	414,947	422,058	426,040	430,127
Data Source				TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys	TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data source: Tennessee Department of Health

Division of health Statistics

Population Projections and Death Statistical System

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source: 2008 Tennessee Department of Health Division of Health Statistics

Population Projections and Death Statistical system

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State vital records registry.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	80	70
Annual Indicator	68.0	69.3	68.5	80.7	79.5
Numerator	922	1,045	1,036	1,112	1,083
Denominator	1,356	1,508	1,513	1,378	1,362
Data Source				TN Birth Statistical System	TN Birth Statistical System
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you do not report the numerator because of fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5, explain the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source: 2008 Tennessee Department of Health

Division of Health Statistics

Birth Statistical System.

This data reflects hospitals self designated (self/voluntary designation in TN) as birthing hospitals with level 3 nurseries. Because of improved collaboration and communication via TIPQC (Tennessee Initiative for Perinatal Quality Care), this more accurately reflects births at these centers. Previously, the facility list originated from the Joint Annual Report of Hospitals which did not keep a list of level 3 nurseries.

- Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State vital records registry.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	70
Annual Indicator	60.4	62.5	63.7	67.7	69.1
Numerator	49,163	52,684	55,134	54,765	53,453
Denominator	81,454	84,277	86,558	80,887	77,408
Data Source				TN Birth Statistical System	TN Birth Statistical System
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	70	80	80	90	90
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source: 2008 Tennessee Department of Health

Division of Health Statistics

Birth Statistical System

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State vital records registry. The data is estimated.

2010

Addendum.

2007 was not finalized previously.

Update/final per TDH Division of Health Statistics Birth Statistical System:

55266/82538 = 67.0

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		28	28	26	26
Annual Indicator	25.0	25.0	25.0	32.8	30.1
Numerator	385	385	385	649	642
Denominator	1,540	1,540	1,540	1,980	2,135
Data Source				2007 Youth Risk Behavior Survey	2009 YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	26	26	26	26	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 Data source: Tn 2009 YRBS
 Percentage of students who smoked cigarettes, or cigars, or used chewing tobacco, snuff, or dip on one or more of the past 30 days.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source for 2008: 2007 Youth Risk Behavior Survey
 Discrepancy noted in the question that was used from previous years "Have you ever smoked cigarettes daily, that is at least one cigarette every day for 30 days?"
 When the performance measure, and the state detail sheet was for any form of tobacco use..
 2008 was updated to reflect the correct question about use of cigarettes, cigars, chewing tobacco, snuff or dip on one or more of the past 30 days.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee YRBSS conducted by Tennessee Department of Education.
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used for 2007 data.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Reduce the percentage of high school students using alcohol.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		36	36	34	34
Annual Indicator	41.8	41.8	41.8	36.7	33.5
Numerator	643	643	644	700	679
Denominator	1,540	1,540	1,540	1,909	2,027
Data Source				2007 Youth Risk Behavior Survey	2009 YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	34	34	34	34	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Tennessee YRBS

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 Youth Risk Behavior Survey

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2007

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u>11.4</u>	<u>10.7</u>	<u>8.3</u>	<u>7.4</u>	<u>7.4</u>
Numerator	<u>17,500</u>	<u>17,500</u>	<u>13,528</u>	<u>10,235</u>	<u>10,235</u>
Denominator	<u>1,530,196</u>	<u>1,635,539</u>	<u>1,635,539</u>	<u>1,390,522</u>	<u>1,390,522</u>
Data Source				Tennessee Dept. of Children's Services	Tennessee Dept. of Children's Services
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source : Tennessee Dept. of Children's Services

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Reports from the Tennessee Department of Children's Services Child Protective Services Section.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective	80	89	90	92
Annual Indicator	88.1	88.2	73.3	94.0
Numerator	663,876	664,879	597,536	734,396
Denominator	753,474	753,982	814,643	781,636
Data Source				TennCare EPSDT data system
Is the Data Provisional or Final?				Final

TennCare EPSDT data system
Provisional

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.			
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

Data is 1 year late due to TennCare EPSDT reports.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5.2	5.2	5.2	5.2	5.2
Annual Indicator	6.9	6.3	6.5	6.2	5.7
Numerator	1,985	1,720	1,578	1,543	1,369
Denominator	28,890	27,346	24,334	25,073	23,876
Data Source				State of Tennessee Infertility Prevention Project	State of Tennessee Infertility Prevention Project
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	5.2	5.2	5.2	5.2	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

This is Calendar Year Data

Source: State of Tennessee Infertility Prevention Project Data System.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is calendar year data

Source: State of Tennessee Infertility prevention project data system.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee Department of Health.

Data source is the State of Tennessee STD infertility project data system

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Reduce the number of babies born prematurely.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		12	11	10	10
Annual Indicator	12.7	12.4	11.7	11.5	11.3
Numerator	10,241	10,454	10,162	9,818	9,227
Denominator	80,583	84,277	86,558	85,320	81,669
Data Source				TDH Div. Hlth. Stats Birth Stat. Sys	TDH Div. Hlth. Stats. Birth Stat. Syst.
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may				
Numerator	establish objectives for those measures on Form 11 for the new needs assessment period.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

TDH Div. Health Statistics Birth Statistical System (Tennessee residents only).

Preterm defined as gestation 17-36 weeks.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee Department of Health.

Data source is the State of Tennessee provisional birth master files, Tennessee residents only.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		50	50	60
Annual Indicator	10.3	9.7	39.4	49.6
Numerator	62,000	58,313	117,570	139,597
Denominator	600,000	600,000	298,233	281,670
Data Source				TennCare EPSDT data system
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.			
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

Teens defined by TennCare are 10-18 years of age

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State of Tennessee EPSDT data System and the Tennessee TennCare data.

Data includes Children age 10-18 years and the data is based on FY 2005-2006

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Reduce the number of overweight and obese children and adolescents.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		30	30	30	29
Annual Indicator	31.9	31.9	39.9	40.9	39.0
Numerator	491	491	615	194,814	191,090
Denominator	1,540	1,540	1,540	476,318	489,975
Data Source				TDE CSH	TDE CSH
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2009**Field Note:**Tennessee Department of Education Coordinated School Health Program BMI measurements
K-12 students 2008-2009 school year.**2. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**Source:
Tennessee Department of Education Coordinated School Health Program BMI measurements
K-12 students 2007-2008 school year**3. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1,234</u>	<u>1,234</u>	<u>1,534</u>	<u>1,245</u>	<u>1,694</u>
Denominator	<u>1,234</u>	<u>1,234</u>	<u>1,534</u>	<u>1,245</u>	<u>1,694</u>
Data Source				CSHCN Survey	CSHCN Survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the National CSHCN Survey.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State of Tennessee CSS data system

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>
Annual Indicator	<u>8.7</u>	<u>8.7</u>	<u>8.2</u>	<u>8.0</u>	<u>7.9</u>
Numerator	<u>712</u>	<u>729</u>	<u>709</u>	<u>686</u>	<u>646</u>
Denominator	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>	<u>85,480</u>	<u>82,078</u>
Data Source				TDH Div. Hlth. Stats Birth & Death Stat. Sys	TDH Div. Hlth. Stats Birth & Death Stat. Sys
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><small>(Explain data in a year note. See Guidance, Appendix IX.)</small></p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>7.5</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:
Tennessee Department of Health Division of Health Statistics Birth and Death Statistical System
- Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:
Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2.1	2.1	2.1	2.1	2.1
Annual Indicator	2.2	2.3	2.4	2.5	2.7
Numerator	17.5	16.7	16.4	15	16.3
Denominator	8.1	7.4	6.9	6.1	6
Data Source				TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys	TDH Div. Hlth. Stats. Pop. Proj. & Death Stat. Sys
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2.1	2.1	2.1	2.1	2.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Tennessee Department of Health Division of Health Statistics Birth and Death Statistical System

2. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator	5.6	5.8	5.1	4.9	4.6
Numerator	455	487	440	420	381
Denominator	81,454	84,277	86,558	85,480	82,078
Data Source				TDH Div. Hlth. Stats Birth & Death Stat. Sys	TDH Div. Hlth. Stats Birth & Death Stat. Sys
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Tennessee Department of Health Division of Health Statistics Birth and Death Statistical Systems

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2.6	2.6	2.6	2.6	2.6
Annual Indicator	3.2	2.9	3.1	3.1	3.2
Numerator	257	242	269	266	265
Denominator	81,454	84,277	86,558	85,480	82,078
Data Source				TDH Div. Hlth. Stats Birth & Death Stat. Sys	TDH Div. Hlth. Stat. Birth & Death Stat. Syst.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2.6	2.6	2.6	2.6	2.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data				
	2005	2006	2007	2008
Annual Performance Objective	8.3	8	8	8
Annual Indicator	10.3	8.7	9.9	6.9
Numerator	839	729	861	594
Denominator	81,847	84,277	87,076	85,759
Data Source				TDH Div. Hlth. Stat. Birth, Death & Fetal Death St
Check this box if you cannot report the numerator because				
1. There are fewer than 5 events over the last year, and				
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				
(Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

Annual Objective and Performance Data				
	2010	2011	2012	2013
Annual Performance Objective	8	8	7.5	7.5
Annual Indicator				
Numerator				
Denominator				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Tennessee Department of Health Division of Birth, Death, and Fetal Death Statistical System

Updated methodology per Guidance:

Numerator

Number of fetal deaths 28 weeks or more gestation plus early neonatal deaths occurring under 7 days

Denominator

Live births plus fetal deaths

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Tennessee Department of Health Birth, Death, and Fetal Death Statistical System

Correction/revision due to methodological differences in calculation.

Current method used Guidance direction:

Numerator

Number of fetal deaths 28 weeks or more gestational plus early neonatal deaths occurring under 7 days

Denominator

Live births plus fetal deaths

2007 actual final 633/869555 = 7.3

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	15	15	15
Annual Indicator	22.1	21.7	20.1	21.6	18.0
Numerator	249	245	224	242	203
Denominator	1,124,607	1,130,488	1,114,294	1,120,539	1,127,109
Data Source				TDH Div. Hlth. Stat Population Proj. & Death Stat.	TDH Div. Hlth. Stat Population Proj. & Death Stat.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System

2. Section Number: Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: TN

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: TN FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the infant mortality rate
2. Reduce the percentage of obesity and overweight (BMI for age/gender greater than or equal to the 85th percentile) among Tennessee K-12 students
3. Reduce smoking in Tennesseans age 13 years and older
4. Decrease asthma hospitalizations for children 0-5 years
5. Improve MCH workforce capacity and competency by designing and implementing a workforce development program
6. Increase the percentage of youth with special health care needs age 14 and older who have formal plans for transition to adulthood
7. Reduce unintentional injury deaths in children and young people ages 0-24
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: TN

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Assistance is needed in determining the best methods to provide expenditures by the four levels of the Pyramid.	A variety of methods are used by Region IV States to provide this information. Comparability is not possible across states. Assistance requested to develop instructions for the states on compiling this information.	MCHB
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 5 </u>	CSS is redirecting field work to a holistic care coordination approach, (Wagner's Chronic Care Model).	The Medicaid/TennCare now covers most direct services for CSS children. Care Coordination skills need to address social/physical environments, disparities, cultural needs, self management support and, health literacy.	MCHB
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 5 </u>	MCH workforce training in Public Health Core Competencies to develop a workable training plan for current MCH staff at both central office and local levels.	Our workforce has expressed the need to improve skills in communication, cultural competency, and community dimensions of practice. There are gaps in other domains as well.	MCHB
4.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 5 </u>	Incorporating Life Course Perspective into practice and programs using current limited funding.	We need assistance on best methodologies to shift the current paradigm from direct service and categorical programs.	MCHB
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 3 </u>	As part of the holistic care coordination approach, CSS will concentrate on medical homes for all children and youth with special health care needs.	Assistance is requested to develop a comprehensive measurement tool.	MCHB
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: TN

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

STATUS:

Active

GOAL

To decrease the number of high school students using any form of tobacco.

DEFINITION

The number of high school students using any form of tobacco.

Numerator:

Number of high school students using tobacco (cigarettes and smokeless tobacco) each year.

Denominator:

Total number of high school age students who took the Tennessee Youth Tobacco Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Tennessee Youth Tobacco Survey (YBRSS)

SIGNIFICANCE

Tobacco is identified as a "gateway" drug often leading to experimentation and/or use of other substances known to be harmful to young people. With the recent court settlement with the tobacco companies, and known long term harmful affects of tobacco use on the health status and premature death of the users and persons experiencing second hand smoke. Tennessee will target a reduction in tobacco use by teens.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:

Reduce the percentage of high school students using alcohol.

STATUS:

Active

GOAL

To reduce the percentage of high school students using alcohol.

DEFINITION

The number of high school students using alcohol as a percentage of the number completing the survey.

Numerator:

The number of high school students who had at least one drink of alcohol on one or more of the past 30 days.

Denominator:

The number of high school students taking the YRBS survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey

SIGNIFICANCE

The State has established two sources of data regarding teen substance use and abuse. The Youth Behavior Risk Survey and a special survey conducted by the Bureau of Alcohol and Drugs in the Tennessee Department of Health. While prior studies indicate that use of these substances changes periodically, any use is prohibited by law and thought to be seriously harmful to young people. Our goal is to reduce substance use by adolescents in Tennessee.

SP(Reporting Year) # 3

PERFORMANCE MEASURE:

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

STATUS:

Active

GOAL

To reduce the incidence of maltreatment of children younger than age 18 including physical, sexual and emotional abuse and neglect to no more than the rate of 8 per 1000.

DEFINITION

Numerator:

The number of children younger than age 18, who are victims of indicated abuse and neglect.

Denominator:

The total number of children under age 18 in a given year.

Units: 1000 **Text:**

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reports from the Department of Children's Services Child Protective Services Section.

SIGNIFICANCE

Children must be free from abuse and neglect in order to be healthy both physically and emotionally. Maternal and Child Health programs such as home visiting have proven to be effective in reducing abuse and neglect.

SP(Reporting Year) # 4

PERFORMANCE MEASURE:

Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.

STATUS:

Active

GOAL

To increase the percentage of children with complete EPSDT annual examinations each year.

DEFINITION

The number of children enrolled in TennCare, ages 0 - 21 years, having had an annual examintion each year.

Numerator:

The number of children receiving EPSDT annual examinations

Denominator:

Number of children ages 0 - 21 years whom are eligible for EPSDT each year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

TennCare

SIGNIFICANCE

SP(Reporting Year) # 5

PERFORMANCE MEASURE:

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

STATUS:

Active

GOAL

Reduce chlamydia trachomatis infections among teens and young adults ages 5 to 24 years (per 100) attending family planning clinics.

DEFINITION

Numerator:

Number of teens and young adults identified with chlamydia trachomatis attending family planning clinics.

Denominator:

Total number of teens and young adults tested for chlamydia trachomatis in family planning clinics.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Region IV Chlamydia Screening project, STD Surveillance System

SIGNIFICANCE

The Region IV chlamydia project tracks positivity rates for those clients tested in the project. In Tennessee, all teens and young adults attending family planning clinics are tested for chlamydia. This measure has been changed from SP#8 to reflect the data being collected and to state the method being used to track changes in the population. Past years data have been included for the new measure.

PERFORMANCE MEASURE:	Reduce the number of babies born prematurely.
STATUS:	Active
GOAL	To reduce the number of live births born prematurely.
DEFINITION	<p>Addressing certain known modifiable risk factors of preterm births can improve birth outcomes.</p> <p>Numerator: Number of live births with gestation less than 37 weeks in the calendar year.</p> <p>Denominator: Total number of live births in the calendar year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	Objective 16-11. Reduce preterm births to 7.6%. (Baseline: 11.4 in 1997)
DATA SOURCES AND DATA ISSUES	State's Vital Records
SIGNIFICANCE	Prematurity is the leading cause of neonatal mortality in the U.S. Nearly 50% of preterm births have no known causes, but certain modifiable risk factors (medical, behavioral, and environmental) can be addressed.

PERFORMANCE MEASURE:	Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.
STATUS:	Active
GOAL	To increase the percentage of adolescents with complete EPSDT annual examinations each year.
DEFINITION	<p>The number of teens enrolled in TennCare,ages birth to 20, having had an annual examination each year.</p> <p>Numerator: The number of teens aged birth to 20 receiving EPSDT annual examinations.</p> <p>Denominator: Number of teens ages birth to 20 whom are eligible for EPSDT examinations each year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	TennCare
SIGNIFICANCE	

SP(Reporting Year) # 9

PERFORMANCE MEASURE:

Reduce the number of overweight and obese children and adolescents.

STATUS:

Active

GOAL

Reduce the number of overweight and obese children and adolescents.

DEFINITION

Increasing healthy eating and physical activity among children and adolescents can reduce the number of children and adolescents who are overweight or obese.

Numerator:

2003 Tennessee Youth Risk Behavior Survey data.

Denominator:

2003 Tennessee Youth Risk Behavior data.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-3. Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

2005 Tennessee Risk Behavior Survey (YBRSS)

SIGNIFICANCE

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. Patterns of healthful eating behavior and physical activity begins in childhood.

PERFORMANCE MEASURE:

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

STATUS:

Active

GOAL

To increase the percentage of youth with special health care needs, age 14-21 years, who receive formal plans necessary to transition to adult health care, post high school education, work and independence.

DEFINITION

Numerator:

Number of youth in the Children's Special Services' program, age 14-21 years, who receive formal transition plans.

Denominator:

Number of youth in Children's Special Services, age 14 -21 years during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

DATA SOURCES AND DATA ISSUES

Tennessee Department of Health's client tracking and encounter system, PTBMIS, will be used to determine what services are provided to the client.

SIGNIFICANCE

The transition from youth to adulthood has become a priority issue in Tennessee. This mirrors national priorities as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March 2002). Most children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: TN

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>28.9</u>	<u>28.9</u>	<u>29.6</u>	<u>26.6</u>	<u>24.8</u>
Numerator	<u>1,366</u>	<u>1,366</u>	<u>1,188</u>	<u>1,074</u>	<u>1,000</u>
Denominator	<u>473,085</u>	<u>473,085</u>	<u>400,744</u>	<u>403,306</u>	<u>403,000</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Tennessee Department of Health Division of Health Statistics Population Projections and Hospital Discharge Data System

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Final Inpatient Hospital Discharge Tennessee resident only and 2007 population estimates.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>66.8</u>	<u>62.9</u>	<u>83.6</u>	<u>71.8</u>	<u>72.9</u>
Numerator	<u>52,414</u>	<u>53,033</u>	<u>48,559</u>	<u>75,323</u>	<u>77,120</u>
Denominator	<u>78,503</u>	<u>84,277</u>	<u>58,058</u>	<u>104,882</u>	<u>105,835</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

State of Tennessee TennCare (Medicaid) database.

Data source is the state of Tennessee TennCare EPSDT Data system.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

State of Tennessee TennCare (Medicaid) database

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,704</u>	<u>30,753</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>34,704</u>	<u>30,753</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data Source: State of Tennessee TennCare Program.

Tennessee's SCHIP program is CoverKids and these data reflect the children less than one year of age in CoverKids who have received at least one periodic screen.

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are not available; however, SCHIP children in Tennessee are enrollees in both TennCare and in CoverKids.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>74.1</u>	<u>76.8</u>	<u>83.8</u>	<u>93.2</u>	<u>88.5</u>
Numerator	<u>60,360</u>	<u>64,738</u>	<u>72,498</u>	<u>73,270</u>	<u>66,760</u>
Denominator	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>	<u>78,578</u>	<u>75,470</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Tennessee Department of Health Division of Health Statistics Birth Statistical System

Final 2008

2008 methodology per Guidance:

Numerator

Number of women (15-44) during the reporting years whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck index

Denominator

All women (15-44) with a live birth during the reporting year

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

2007 is updated/corrected due to methodological differences in calculations. Update: $72627/80773 = 89.9$

Calculation is now per Guidance:

Numerator Number of women (15-44) during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>45.9</u>	<u>92.8</u>	<u>93.2</u>
Numerator	<u>758,628</u>	<u>743,387</u>	<u>375,016</u>	<u>759,672</u>	<u>790,661</u>
Denominator	<u>758,628</u>	<u>743,387</u>	<u>816,486</u>	<u>818,194</u>	<u>848,210</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source:

Numerator - 2008 TennCare program medical claims for children 0-20.

Denominator - Eligible population: all TennCare members under 21.

There is a large difference between 2007 and 2008 due to a large increase in enrollment for children/increased claims.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Methodology and data source changed for 2007 and 2008.

Numerator - Actual Medicaid data on number receiving a service are not available. As a proxy, used CMS-416 Report, FY 2007, line 9, "Total eligibles receiving at least one initial or periodic screen."

Denominator - Kaiser Family Foundation, TN, Ages 0-19, < 100 % poverty, 2006-2007 (Used as estimate).

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	60.4	37.0	50.6	52.6	55.0
Numerator	86,569	56,418	77,255	77,122	84,062
Denominator	143,367	152,680	152,575	146,517	152,828

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data sources: TennCare EPSDT and claim system

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state of Tennessee TennCare EPSDT Data system.

Data are 1 year late due to TennCare EPSDT reports.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>9.0</u>	<u>14.0</u>	<u>17.3</u>
Numerator	<u>19,781</u>	<u>22,392</u>	<u>1,962</u>	<u>2,838</u>	<u>3,676</u>
Denominator	<u>19,781</u>	<u>22,392</u>	<u>21,881</u>	<u>20,343</u>	<u>21,286</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

For both 2007 and 2008, the methodology and data sources were changed in response to directives received at the block grant review.

Data sources are CSS program database and federal database of SSI recipients.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

For both 2007 and 2008, the methodology and data sources were changed in response to directives received at the block grant review.

Data sources are CSS program database and federal database of SSI recipients.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: TN

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Matching data files	<u>11</u>	<u>7.3</u>	<u>9.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Matching data files	<u>10.3</u>	<u>5.7</u>	<u>8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	<u>1</u>	<u>1</u>	<u>67.7</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>1</u>	<u>1</u>	<u>93.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: TN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div>185</div>
b) <i>Medicaid Children</i> (Age range <div>1</div> to <div>5</div>) (Age range <div>6</div> to <div>19</div>) (Age range <div> </div> to <div> </div>)	2009	<div>133</div> <div>100</div> <div> </div>
c) <i>Pregnant Women</i>	2009	<div>185</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: TN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	250
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 5 </u>) (Age range <u> 6 </u> to <u> 19 </u>) (Age range <u> </u> to <u> </u>)	2009	250 250 _____
c) <i>Pregnant Women</i>	2009	250

FORM NOTES FOR FORM 18

Medicaid versus non-medicaid data for entry into prenatal care by trimester or for Kotelchuck Index are not available.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2011
Field Note:
Data Source: TDH Birth and Death Records and TennCare Records
2. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2011
Field Note:
Data Source: TDH birth and death records and TennCare Records
3. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2011
Field Note:
Breakdown of infants born to pregnant women receiving prenatal care beginning in the first semester per Medicaid and non-Medicaid is not available.
4. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2011
Field Note:
Percent of pregnant women with adequate prenatal care per Medicaid and non-Medicaid is not available.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: TN

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: TN

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: TN

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>9.4</u>	<u>9.6</u>	<u>9.4</u>	<u>9.2</u>	<u>9.2</u>
Numerator	<u>7,652</u>	<u>8,100</u>	<u>8,162</u>	<u>7,834</u>	<u>7,502</u>
Denominator	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>	<u>85,454</u>	<u>81,866</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source

Tennessee Department of Health Division of Health Statistics Birth Statistical System

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	7.6	7.6	7.5	7.4	7.5
Numerator	5,968	6,446	6,452	6,085	5,936
Denominator	78,656	84,277	86,558	82,708	79,290

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2008

Field Note:

Data source

Tennessee Department of Health Division of Health Statistics Birth Statistical System

2. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	1.7	1.8	1.7	1.6	1.7
Numerator	1,354	1,508	1,513	1,378	1,362
Denominator	81,454	84,277	86,558	85,454	81,866

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source

Tennessee Department of Health Division of Health Statistics Birth Statistical System

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>	<u>1.3</u>
Numerator	<u>1,029</u>	<u>1,166</u>	<u>1,159</u>	<u>1,043</u>	<u>1,060</u>
Denominator	<u>78,656</u>	<u>84,277</u>	<u>86,558</u>	<u>82,708</u>	<u>79,290</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source

Tennessee Department of Health Division of Health Statistics Birth Statistical System

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>12.6</u>	<u>7.0</u>	<u>8.0</u>	<u>10.2</u>	<u>5.8</u>
Numerator	<u>150</u>	<u>85</u>	<u>96</u>	<u>122</u>	<u>70</u>
Denominator	<u>1,188,005</u>	<u>1,210,629</u>	<u>1,194,718</u>	<u>1,201,099</u>	<u>1,207,621</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source

Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source

Tennessee Department of Health Population Projections and Death Statistical System

2007 corrected/updated to reflect final (provisional was not updated previously)

Actual final: $136/1194718 = 11.4$

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.0</u>	<u>2.7</u>	<u>3.3</u>	<u>3.4</u>	<u>2.2</u>
Numerator	<u>59</u>	<u>33</u>	<u>39</u>	<u>41</u>	<u>27</u>
Denominator	<u>1,188,005</u>	<u>1,210,629</u>	<u>1,194,718</u>	<u>1,201,099</u>	<u>1,207,621</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 Provisional Death files (Tennessee Resident).
 2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System
 Correction/update to actual final (provisional was not updated)
 Actual 2007 final: 47/1194718 = 3.9

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>45.6</u>	<u>20.9</u>	<u>30.8</u>	<u>29.8</u>	<u>18.4</u>
Numerator	<u>372</u>	<u>172</u>	<u>257</u>	<u>250</u>	<u>156</u>
Denominator	<u>815,796</u>	<u>821,651</u>	<u>833,229</u>	<u>839,914</u>	<u>846,897</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

TDH Division of Health Statistics Population Projections and Death Statistical System

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data source Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System.

2007 was not updated/corrected to reflect final.

Actual final:

307/833229=36.8

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>13,350.1</u>	<u>13,135.9</u>	<u>13,239.4</u>	<u>12,313.1</u>	<u>1,232.3</u>
Numerator	<u>158,600</u>	<u>158,253</u>	<u>158,173</u>	<u>147,882</u>	<u>14,800</u>
Denominator	<u>1,188,005</u>	<u>1,204,737</u>	<u>1,194,718</u>	<u>1,201,009</u>	<u>1,201,000</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

TDH Division of Health Statistics Population Projections and Hospital Discharge Data System.

Large adjustment to final is due to methodological differences in calculation from provisional.

Actual final calculated per Guidance:

Numerator

Number of children age 14 years and younger who have a hospital discharge for non-fatal injuries

Denominator

Number of children age 14 years and younger in the state for the reporting period

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source

Tennessee Department of Health Division of Health Statistics Population Projections and Hospital Discharge Data System.

Correction for 2007 due to methodological differences in calculation.

Correction/update uses Guidance:

Numerator

Number of children age 14 years and younger who have a hospital discharge for non-fatal injuries

Denominator

Number of children age 14 years and younger in the state for the reporting period

Actual final: 149319/1194718 = 12498

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	723.2	797.2	819.3	722.3	722.3
Numerator	8,650	9,604	9,788	8,675	8,675
Denominator	1,196,148	1,204,737	1,194,718	1,201,009	1,201,009

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

TDH Division of Health Statistics Population Projections and Hospital Discharge Data System

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and Denominator source is 2007 population estimates.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>4,033.1</u>	<u>3,461.5</u>	<u>3,472.0</u>	<u>3,064.8</u>	<u>3,064.8</u>
Numerator	<u>32,625</u>	<u>28,239</u>	<u>28,930</u>	<u>25,742</u>	<u>25,742</u>
Denominator	<u>808,940</u>	<u>815,796</u>	<u>833,229</u>	<u>839,914</u>	<u>839,914</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

TDH Division of Health Statistics Population Projections and Hospital Discharge Data System

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only.

Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and 2007 population estimates.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2005	2006	Annual Indicator Data		2009
	2007	2008			
Annual Indicator	33.2	36.5	40.0	42.1	42.1
Numerator	6,648	7,373	8,153	8,815	8,815
Denominator	200,015	201,861	203,767	209,417	209,417

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the state STD program surveillance morbidity database which is the Communicable Disease Surveillance system and the 2008 Population estimates.

- Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system and the 2007 Population estimates.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2005	2006	Annual Indicator Data		2009
			2007	2008	
Annual Indicator	8.7	10.1	10.4	11.8	11.8
Numerator	9,092	10,539	10,859	12,300	12,300
Denominator	1,046,385	1,043,888	1,041,926	1,045,578	1,045,578

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the state STD program surveillance morbidity data systems, which is the Communicable Disease Surveillance system and the 2008 Population estimates.

- Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system and the 2007 Population estimates.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	80,512	60,681	17,914	0	0	0	0	1,917
Children 1 through 4	325,371	246,215	71,196	0	0	0	0	7,960
Children 5 through 9	399,293	302,732	87,107	0	0	0	0	9,454
Children 10 through 14	402,445	307,061	86,982	0	0	0	0	8,402
Children 15 through 19	430,127	333,339	89,273	0	0	0	0	7,515
Children 20 through 24	416,770	327,283	80,750	0	0	0	0	8,737
Children 0 through 24	2,054,518	1,577,311	433,222	0	0	0	0	43,985

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	76,441	4,071	0
Children 1 through 4	307,522	17,849	0
Children 5 through 9	377,624	21,669	0
Children 10 through 14	384,028	18,417	0
Children 15 through 19	414,365	15,762	0
Children 20 through 24	399,083	17,687	0
Children 0 through 24	1,959,063	95,455	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	122	68	50	0	0	0	0	4
Women 15 through 17	2,953	1,760	1,031	0	0	0	0	162
Women 18 through 19	7,396	4,883	2,135	0	0	0	0	378
Women 20 through 34	62,980	46,329	12,308	0	0	0	0	4,343
Women 35 or older	8,500	6,401	1,265	0	0	0	0	834
Women of all ages	81,951	59,441	16,789	0	0	0	0	5,721

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	88	18	16
Women 15 through 17	2,242	269	442
Women 18 through 19	5,778	481	1,137
Women 20 through 34	48,407	4,938	9,635
Women 35 or older	6,545	589	1,366
Women of all ages	63,060	6,295	12,596

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	646	358	274	0	0	0	0	14
Children 1 through 4	88	65	22	0	0	0	0	1
Children 5 through 9	55	33	20	0	0	0	0	2
Children 10 through 14	60	38	22	0	0	0	0	0
Children 15 through 19	298	214	77	0	0	0	0	7
Children 20 through 24	485	359	119	0	0	0	0	7
Children 0 through 24	1,632	1,067	534	0	0	0	0	31

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	597	49	0
Children 1 through 4	79	9	0
Children 5 through 9	50	5	0
Children 10 through 14	60	0	0
Children 15 through 19	286	12	0
Children 20 through 24	468	17	0
Children 0 through 24	1,540	92	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,637,748	1,250,028	352,472	0	0	0	0	35,248	2009
Percent in household headed by single parent	35.0	26.0	68.0	0.0	10.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	6.9	3.7	18.5	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	364,541	215,831	132,139	569	4,914	0	11,088	0	2009
Number enrolled in SCHIP	44,831	27,255	7,310	42	761	32	0	9,431	2009
Number living in foster home care	9,835	6,405	2,692	26	16	8	293	395	2009
Number enrolled in food stamp program	496,874	310,122	180,998	864	3,659	0	1,231	0	2009
Number enrolled in WIC	195,005	127,417	66,234	45	1,309	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	2,501.0	1,675.0	5,552.0	0.0	0.0	0.0	0.0	1,165.0	2009
Percentage of high school drop-outs (grade 9 through 12)	3.2	2.0	6.5	2.9	1.7	0.0	0.0	0.0	2009

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,559,980	77,768	0	2009
Percent in household headed by single parent	26.0	38.0	0.0	2008
Percent in TANF (Grant) families	7.0	4.6	0.0	2009
Number enrolled in Medicaid	364,541	40,233	0	2009
Number enrolled in SCHIP	42,540	2,291	0	2009
Number living in foster home care	9,404	431	0	2009
Number enrolled in food stamp program	465,597	31,782	0	2009
Number enrolled in WIC	195,005	32,927	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	3.2	3.9	0.0	2009

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>1,152,537</u>
Living in urban areas	<u>445,435</u>
Living in rural areas	<u>38,646</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>484,081</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	6,163,000.0
Percent Below: 50% of poverty	6.0
100% of poverty	15.5
200% of poverty	38.8

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>1,637,748.0</u>
Percent Below: 50% of poverty	<u>9.3</u>
100% of poverty	<u>21.8</u>
200% of poverty	<u>47.6</u>

FORM NOTES FOR FORM 21

Tennessee Division of Health Statistics Population Projections.
Tennessee Division of Health Statistics Birth Statistical System.
Tennessee Division of Health Statistics Death Statistical System.

HSI #10: US Department of Agriculture - Economic Research Service
US Census Data Population Estimates - County Characteristics

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projection
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections
11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011

- Field Note:**
Tennessee Division of Health Statistics Population Projections.
12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Population Projections.
13. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
14. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
15. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
16. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
17. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
18. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
19. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
20. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
21. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
22. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Birth Statistical System.
23. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011

Field Note:
Tennessee Division of Health Statistics Death Statistical System.

24. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
25. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
26. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
27. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
28. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
29. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
30. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
31. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
32. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Tennessee Division of Health Statistics Death Statistical System.
33. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Source: Census and Kid Count Data
34. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
Source: DHS Research Office
35. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011

- Field Note:**
Source: TennCare Office
36. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Source: Cover Kids - Governor's Office of Children's Care Coordination
37. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2011
Field Note:
Source: DHS Research Office
38. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
Source: Department of Health WIC Report Participation County by Race and Status.
39. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2011
Field Note:
Source: Department of Health Policy Planning and Assessment Office
Numerator - TBI Crime in Tennessee 2009 Report
Denominator - Health Statistics Population Projections
40. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Source: Department of Education Research Office
41. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2011
Field Note:
This Data is not available by ethnicity
42. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2011
Field Note:
Data Source:
US Census 2008 population estimates
43. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2011
Field Note:
Data Source: US Census
*Available age range for TN 0-17
44. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2011
Field Note:
Data Source
US Census
*Available age range for TN 0-17
45. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2011
Field Note:
Data Source
US Census
* Available age range for TN 0-17
46. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce the infant mortality rate

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce the percentage of obesity and overweight among Tennessee K-12 students

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce smoking in Tennesseans age 13 years and older

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Decrease asthma hospitalizations for children 0-5 years

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Improve MCH workforce capacity and competency by designing and implementing a workforce development program

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the percentage of youth with special health care needs age 14 years and older who have formal plans for transtion to adulthood.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce unintentional injury death in children and young people ages 0-24

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 12

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: TN

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE: Reduce the infant mortality rate
STATUS: Active
GOAL To reduce the number of infant deaths
DEFINITION Infant mortality (deaths to infants birth through 364 days of age). Rate per 1,000
Numerator:
Number of deaths to infants from birth to 364 days of age
Denominator:
Number of live births
Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE 16-1c
Reduction of infant deaths (within 1 year) to 4.5 per 1,000 live births

DATA SOURCES AND DATA ISSUES Tennessee Department of Health Division of Health Statistics Birth and Death Statistical Systems

SIGNIFICANCE The need is critical. Tennessee consistently ranks among the states with the highest rates of infant mortality. Of particular concern is the disparity between the black and white populations. In 2008, the infant mortality rate for births to black women was 2.46 times that of the rate for births to white women. This disparity has remained for the last two decades, even as the overall rate has declined.

PERFORMANCE MEASURE:	Reduce the percentage of obesity and overweight among Tennessee K-12 students
STATUS:	Active
GOAL	Reduce childhood obesity and overweight
DEFINITION	<p>Combined overweight and obesity is defined as BMI that is greater than or equal to the 85th percentile on CDC BMI charts for age and gender.</p> <p>Numerator: K-12 children measured with BMIs greater than or equal to the 85th percentile for age/gender</p> <p>Denominator: K-12 children measured</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>HP 2010 19-3c</p> <p>Reduce the proportion of children and adolescents who are overweight or obese</p>
DATA SOURCES AND DATA ISSUES	Tennessee Department of Education Coordinated School Health Program Annual BMI Surveillance in Tennessee Public Schools
SIGNIFICANCE	The need is critical. In 2008, 39% of Tennessee school children were overweight or obese (BMI > 85% for age and gender on CDC growth charts). Based on the 2007 National Survey of Children's Health, Tennessee children ages 10-17 ranked 4th in the Nation for childhood obesity and overweight, putting children at risk for associated adverse health and social consequences.

PERFORMANCE MEASURE: Reduce smoking in Tennesseans age 13 years and older
STATUS: Active
GOAL Reduce smoking in Tennessee
DEFINITION Current cigarette use
Numerator: Health Department patients who report not smoking in the last 30 days
Denominator: Health Department patients who are screened for cigarette use
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE 27-1
 Reduce tobacco use by adults
 27-2
 Reduce tobacco use by adolescents

DATA SOURCES AND DATA ISSUES PTBMIS (Patient Tracking and Billing Management System)

SIGNIFICANCE The need is critical. Every year, 14,600 Tennessee youth under 18 years of age become daily smokers. At this rate, 28,300 Tennessee youth alive today will die an early, preventable death because of a decision made as a youngster. More than 20% of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death. We opted to include the entire 13 and over population in this measure since tobacco smoke affects health and well-being throughout the entire lifespan.

PERFORMANCE MEASURE:	Decrease asthma hospitalizations for children 0-5 years
STATUS:	Active
GOAL	Decrease asthma hospitalizations for children 0-5 years.
DEFINITION	<p>Hospitalizations are in-patient hospital stays, not including extended ED visits.</p> <p>Numerator: Number of resident asthma (ICD-9 codes 493.0 - 493.9) hospital discharges for children less than five years old.</p> <p>Denominator: Estimate of all children less than five years old in the state</p> <p>Units: 10000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>24-2a</p> <p>Reduce hospitalization for asthma in children 0-5 to no more than 25 per 10,000.</p>
DATA SOURCES AND DATA ISSUES	Tennessee Department of Health Statistics Population Projections and Hospital Discharge Data System
SIGNIFICANCE	<p>The need is critical. Approximately 10% of children in Tennessee suffered from asthma in 2007. Although inpatient hospitalizations have decreased since 1997, emergency department (ED) visits and charges for both inpatient and outpatient hospitalizations have increased. Younger children with asthma have more hospitalizations than older children. In addition, there are significant gender, racial, socioeconomic and geographic disparities in childhood asthma. More school days are lost due to asthma than any other chronic condition, and in Tennessee 98% of emergency treatments in schools are for asthma.</p>

PERFORMANCE MEASURE:	Improve MCH workforce capacity and competency by designing and implementing a workforce development program
STATUS:	Active
GOAL	Improve MCH workforce capacity and competency
DEFINITION	<p>A workforce development program is defined as having regular optional and mandated courses founded on COL Public Health Core Competencies; workforce and academic linkages and input; a course/training tracking and documentation system; and a Public Health Core Competency tool for tracking and evaluation. The value of the measure for each of these is "yes/no."</p> <p>Numerator: not applicable</p> <p>Denominator: not applicable</p> <p>Units: No Text: Text</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>23-10 (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.</p>
DATA SOURCES AND DATA ISSUES	not applicable
SIGNIFICANCE	<p>The need is critical. Our workforce has been focused and trained on direct clinical services for many years. TDH nursing leadership has requested help in developing competencies in public health basics and leadership. MCH program directors and home visiting staff have also expressed need for additional training and mentoring in order to increase competencies in enabling services, population-based services, and infrastructure building. The Public Health Accreditation Board includes workforce competency, training and development (Domain 8) in the proposed standards. The program will be founded on the 8 COL Public Health Core Competencies.</p>

PERFORMANCE MEASURE:

Increase the percentage of youth with special health care needs age 14 years and older who have formal plans for transtion to adulthood.

STATUS:

Active

GOAL

Increase the percentage of CYSHCN age 14 years and older who have formal plans for transtion to adulthood.

DEFINITION

A formal transition plan is written by the family, young person, CSS nurse or worker, and others who may need to be involved (such as teacher or health care provider). The CSS program has a template form for workers to use and includes specific transition topics and plans.

Numerator:

Number of CSS clients 14 and over with formal transition plans

Denominator:

Number of CSS clients 14 and older

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Tennessee Family Voices Survey NS CYSHCN

SIGNIFICANCE

The need is critical to provide a growing population of CYSHCN with the means to transition to adult health care, independent living and work. Nearly 90% of CYSHCN now survive to adulthood. Many respondents to the Family Voices Survey reported they are not having discussions with health care providers or educational staff regarding transition. Forty-eight percent (48%) reported that providers talked with them about planning for changing health care needs as the child ages, and forty-four percent (44%) reported their child's teacher discussed issues related to their child's transition to adulthood.

PERFORMANCE MEASURE: Reduce unintentional injury death in children and young people ages 0-24

STATUS: Active

GOAL Reduce unintentional injury death in children and young people ages 0-24

DEFINITION Death due to any type of unintentional injury

Numerator: Number of deaths from all unintentional injuries for children and young people ages 0-24

Denominator: Number of children and youth ages 0-24 in the State for the reporting period.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE 15-13
Reduce deaths caused by unintentional injuries to no more than 20.8 per 100,000 population.

DATA SOURCES AND DATA ISSUES Tennessee Department of Health Division of Health Statistics Population Projections and Death Statistical System.

SIGNIFICANCE The need is critical. Injuries are the leading cause of death for U.S. and Tennessee children and young people ages 1-24, with motor vehicle injury as the number one cause for injury fatality. The rate of injury deaths in children has declined in the last 2 decades, yet rates of childhood injury deaths are greater in the US than in other developed countries. Nonfatal injuries contribute substantially to childhood morbidity, disability, and reduced quality of life; and lifetime costs are estimated to be over 50 billion dollars.

